

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09781937	FILING DATE 02-12-01					
CLAIMS						APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2	/						52	/				
3	/						53	/				
4	/						54	/				
5	/						55	/				
6	/						56	/				
7	/						57	/				
8	/						58	/				
9	/						59	/				
10	/						60	/				
11	/						61	/				
12	/						62	/				
13	/						63	/				
14	/						64	/				
15	/						65	/				
16	/						66	/				
17	/						67	/				
18	/						68	/				
19	/						69	/				
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28	/						78					
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32	/						82					
33	/						83					
34	/						84					
35	/						85					
36	/						86					
37	/						87					
38	/						88					
39	/						89					
40	/						90					
41	/						91					
42	/						92					
43	/						93					
44	/						94					
45	/						95					
46	/						96					
47	/						97					
48	/						98					
49	/						99					
50	/						100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	64						TOTAL DEP.					
TOTAL CLAIMS	71						TOTAL CLAIMS					